Att. .ey's Docket No.: 00633-030001

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled VISION PROSTHESIS, the specification of which

sought on the	invention c	minica <u>+1510</u>	1111001111	solo, the specific	ation of which	11.		
	is attached							
0	was filed o	on	as App	olication Serial N	0	a	and was amended on	
[]	was described and claimed in PCT International Application No filed on and as amended under PCT Article 19 on							
				erstand the conte t referred to abov		ve-identi	fied specification,	
		he duty to dis Regulations,		mation I know to	be material t	to patenta	bility in accordance with	
				id/or agents to protect the detection of	osecute this ap	pplication	and to transact all	
Frank R. Occ Faustino A. L		No. 35,306 g. No. 41,942	2	Eric L. Pı	rahl, Reg. No.	. 32,590		
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Add	Address all correspondence to FAUSTINO A. LICHAUCO at:							
225	I & RICHA Franklin Str on, MA 021							
made on infor knowledge th Section 1001	rmation and at willful fa of Title 18 (belief are bel lse statements	ieved to be tr and the like : States Code a	ue; and further th so made are puni	at these stater shable by fine	ments we	that all statements re made with the sonment, or both, under y jeopardize the validity	
Full Name of		DIMITRI AZ	ZAR	7 W~			7/10/2011	
Inventor's Sig Residence Ad	_	271 Clinton	Road			Date:	7/18/2001	
action Au	· · · · · · · · · · · · · · · · · · ·	D. LU					/	

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